## 1997

Form CN-ES

## **Wisconsin Composite Estimated Tax Voucher**

For Nonresident Partners or Shareholders Using Form 1CNP or 1CNS for Calendar Year 1997

Federal Employer Identification Number		VOUCHER #1  Due Date: April 15,1997				
Name of Partnership or Tax-Option (S) Cor	poration	AMOUNT OF PAYMENT	\$			
Street Address		Please do not staple your payment to this voucher.				
City	State Zip Code		Make your check payable to and mail to:			
			Wisconsin Department of Revenue			
			P.O. Box 8912 Madison, WI 53708-8912			
				DC-046		
1997 W	isconsin (	Composite Esti	mated Tax Voucher			
Form CN-ES		· nresident Partners				
			r Calendar Year 1997			
Federal Employer Identification Number			VOUCHER #2			
			Due Date: June 16,1997			
Name of Partnership or Tax-Option (S) Cor	poration		AMOUNT OF PAYMENT	\$		
Street Address						
Officer Address			Please do not staple your payment to this voucher.			
City	State	Zip Code	Make your check payable to and mail to:			
			Wisconsin Department of Revenue P.O. Box 8912 Madison, WI 53708-8912			
				DC-046		
1997 W	isconsin (	Composite Esti	mated Tax Voucher			
Form CN-ES	For Nonresident Partners or Shareholders					
	Using Form	1CNP or 1CNS fo	r Calendar Year 1997			
Federal Employer Identification Number			VOUCHER #3			
			Due Date: September 15,1997			
Name of Partnership or Tax-Option (S) Cor	poration		AMOUNT OF PAYMENT	\$		
Street Address			Please do not staple your payment to	o this voucher.		
City	State Zip Code Make your check payable to and mail to:					
J.,	State	Wisconsin Department of Revenue				
	<u> </u>	I	P.O. Box 8912 Madison, WI 53708-8912			
			IVIAUISOII, VVI 33/00-0312			

## 1997

Form CN-ES

## **Wisconsin Composite Estimated Tax Voucher**

For Nonresident Partners or Shareholders Using Form 1CNP or 1CNS for Calendar Year 1997

Federal Employer Identification Number		VOUCHER #4  Due Date: January 16, 1998			
Name of Partnership or Tax-Option (S) Corp	ooration	AMOUNT OF PAYMENT	\$		
Street Address		Please do not staple your payment to this voucher.			
City	State	Zip Code	Make your check payable to and mail to:		
		·	Wisconsin Department of Revenue P.O. Box 8912 Madison, WI 53708-8912		
				DC-046	
Form CN-ES	For Nor	nresident Partners	mated Tax Voucher or Shareholders r Calendar Year 1997		
Federal Employer Identification Number			VOUCHER #5 — EXTENSION PAYMENT		
			Due Date: April 15, 1998		
Name of Partnership or Tax-Option (S) Corp	ooration	AMOUNT OF PAYMENT	\$		
Street Address		Please do not staple your payment to this voucher.			
City	State	Zip Code	Make your check payable to and mail to:		
			Wisconsin Department of Revenue P.O. Box 8912 Madison, WI 53708-8912		
				DC-046	